



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 15 2018

Ms. Allison L. Showver
Administrator
Albrecht Inc
1710 Maple Avenue
Coal Township, Pennsylvania 17866

RE: Guardian Angel Personal Care Home
License #: 202080

Dear Ms. Showver:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 12, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 20208 - 06/12/2018 - Novak, Ryan
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.15(c) - The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

2a. DESCRIPTION OF VIOLATION

On 05/08/18, an allegation of abuse was made against staff person A regarding resident(s) # 1. The home did not submit a Plan of Supervision to the Department's Regional Office. The staff member was suspended, but returned to work based on direction from the Local area agency on Aging, not the Department.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A plan of supervision was submitted to DHS. It was included in the original report. I was told by AAA that their approval was what was needed to get return staff to work since no malicious intent was found.

Admin will wait for approval from DHS if incident occurs again. The Northeast Regional office will confirm any plans of supervision - either by E-Mail or fax. CC

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Alison S. Novak*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alison S. Novak</i>	Date <i>7/5/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/18/18
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of 7-18-18
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20208 - 06/12/2018 - Novak, Ryan
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 5/18/18 the home received notification from the Area Agency on Aging that staff person A had allegedly told Resident #1 that the resident needed to shower because the resident smelled like "piss". Staff person A did not treat the resident with dignity and respect.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff was given one on one sensitivity training w/ protective services [redacted]. Also, a protective service training was given on 6/13 ^(YES) to all staff to prevent future violations.

Admin will be responsible for all future compliance

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Allison Sprouwen

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Allison Sprouwen

Date 7/5/18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

7-18-18
(Date)

Plan of correction implementation status as of

7-18-18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20208 - 06/12/2018 - Novak, Ryan
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

The home served 18 resident on 6/2/18 & 6/3/18. At a minimum the home is required to provide 13.25 hours of direct care from the hours of 7a-11p. On the above noted days the home only had 11.5 hours of direct care available from 7a-11p.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Hours were increased to 2/day to ensure required personal care hours. (YES)

Admin. will be responsible for future compliance.

The Administrator will review resident needs at least monthly and schedule direct care staff in response to residents needs.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Alicia Shower

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Alicia Shower Date 7-5-18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-18-18
 (Date)

The above plan of correction was approved by *[Signature]*
 (initials)

Plan of correction implementation status as of 7-18-18
 (Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20208 - 06/12/2018 - Novak, Ryan
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Direct care staff member A hired 4/5/18 did not receive the general fire safety orientation until 4/7/18.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff A was originally hired as cleaning personnel. She was told she was hired on 4/5/18 but did not begin training as staff until 4/7 which was the same day she received all other required training

All staff will receive the required training on their start date. Admin will be responsible for compliance

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Edward J. Shover*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Edward J. Shover* Date *7/15/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of 7-18-18
 (Date)

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- Partially Implemented - Adequate Progress
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Violation Report: 20208 - 06/12/2018 - Novak, Ryan
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- (1) The name, position and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION

The home's staff training plan for 2018 does not include staff members names, titles or positions, projected number of clock hours, location of the training and the course instructor.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Topics & months were listed but not the dates so that they can be agreed upon each month to limit changes. However, all required content has been filled in and will be in the future. Admin will be responsible to maintain compliance

document provided.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Alicia J. Spencer*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alicia J. Spencer* Date *7/5/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/2/18
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of 8-2-18
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20208 - 06/12/2018 - Novak, Ryan
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 The trash can located in the kitchen does not have a lid.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Trash can does have a lid & it was corrected during inspection. It was off because there was some late risers & they were still eating breakfast when inspectors arrived.

From this point forward, the lid will remain on the trash can except at meal time b/c of easier cleanup.

All staff will be responsible for compliance. The Administrator will perform periodic checks to ensure ongoing compliance. Cg

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Alison J. Shouman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Alison Shouman* Date *7/15/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-18-18 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 7-18-18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20208 - 06/12/2018 - Novak, Ryan
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.89(a) - The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

2a. DESCRIPTION OF VIOLATION

During the physical site inspection at approximately 2:15 pm the hot water in the 2nd floor back bathroom was turned off.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The hot water was turned off by another staff b/c the hot water was dripping a lot. Admin. was unaware of the problem. A new faucet was purchased & will be installed by 8/15/18. (copy of receipt provided)

Admin will be responsible to keep current on all maintenance needs to maintain compliance


Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Allison J Shower*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Allison Shower* Date *7/15/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-18-18 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 7-18-18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20208 - 06/12/2018 - Novak, Ryan
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

The temperature of the water in the 2nd floor front bathroom sink measured 125.4° F. The temperature of the water in the 1st floor sitting area bathroom measured 124.5° F.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

water temp was turned down.
 It will be checked monthly to insure safety for ~~residents~~ residents.
 Admin & Asst. will be responsible for future compliance.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Melissa J. Novak*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa Novak</i>	Date <i>7/5/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-18-18
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 7-18-18
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20208 - 06/12/2018 - Novak, Ryan
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

The back door of the home was left open, allowing for the penetration of rodents and insects.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The back door was open to let the homes 2 cats go into the back yard & return in the home.

All doors will be kept closed at all times unless they are screened.

All staff will be responsible to maintain compliance.

The Administrator will oversee to ensure ongoing compliance. *Q*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Alicia J. Shower

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Alicia Shower

Date *7/5/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-18-18
 (Date)

Plan of correction implementation status as of 7-18-18
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *Q*
 (Initials)

Violation Report: 20208 - 06/12/2018 - Novak, Ryan
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
 The home's first aid kit did not include adhesive tape.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Adhesive tape was put in med cart instead of 1st Aid Kit. it was returned during inspection.
 All staff will be responsible to ensure compliance.

The Administrator will check the med cart periodically to ensure the home's first Aid Kit has all of the required items contained within it. *OK*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Alicia Spawner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alicia Spawner</i>	Date <i>7/5/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-18-18
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of 7-18-18
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20208 - 06/12/2018 - Novak, Ryan
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The sidewalk that exits from the door near room #10 is covered with ivy, posing a possible fall/trip hazard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All ivy will be removed from walkway to prevent any hazards. by 8/15/18

Admin. will be responsible to ensure all maintenance is done to maintain compliance

The Administrator will conduct periodic walk throughs of both interior & exterior of the home to ensure ongoing compliance. Q

photo provided

Repeat Violation: Yes	Date(s) of Previous Violation(s): <u>06/07/2017</u>
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Signature of Legal Entity Representative (Required on EVERY Page) *Adrian J. Stover*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Adrian J. Stover* Date 7/5/18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/2/18 (Date)

The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 8/2/18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20208 - 06/12/2018 - Novak, Ryan
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

The lint trap in the home's dryer contained a thick layer of lint, posing a possible fire hazard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The lint was from 1 fuzzy blanket that was just removed from the dryer by the edmer. Lint was removed during inspection

Lint will be removed after each use. All staff will be responsible for compliance

Administrator will check the lint traps in the home's dryers periodically to ensure ongoing compliance. *q.*

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Allison J. Spawen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Allison Spawen* Date *7/5/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-18-18 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 7-18-18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20208 - 06/12/2018 - Novak, Ryan
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME


1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 Resident #2's DME dated 7/12/17 does not include anything for body positioning/movement.

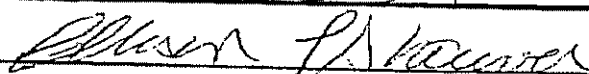
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

DME can not be corrected at this time because the Dr. moved out of the country. We are waiting on a new DME. Admin will ensure all blanks are filled in to ensure future compliance.

The Administrator will oversee a process of reviewing all DMEs prior to placement in Resident's records to ensure ongoing compliance.

document provided. 


Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/07/2017
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Allison Sprouner Date 7/5/18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/2/18
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 8/1/18
 (Date)

Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 20208 - 06/12/2018 - Novak, Ryan
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

The height is not recorded on the Documentation of Medical Evaluation (DME) forms dated 3/8/17 and 11/8/17 for resident #3.
 Resident #1's most recent DME form dated 6/4/2018 was not completed timely as the previous DME form was completed on 4/12/2017.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Med eval was late because Dr. would not fill it out on time. All DME will be sent out in advance in order to compensate for Dr. delay.

Admin & Asst will be responsible for compliance

DME can not be corrected because resident moved home. Admin & Asst will be responsible to ensure all forms are completely filled to ensure med. care

Repeat Violation: No	Date(s) of Previous Violation(s):		
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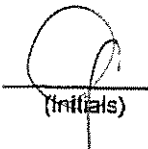
Signature of Legal Entity Representative (Required on EVERY Page) *Alison Shower*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Alison Shower* Date *7-5-18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/2/18 (Date)

document provided.

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 8/2/18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20208 - 06/12/2018 - Novak, Ryan
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

Resident #2 self-administers his/her blood glucose readings. The residents DME dated 7/12/17 notes the resident can do so with remember the schedule. The resident has not been assessed by a doctor to self-administer the blood glucose readings.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Doctors orders. were received during inspection. Resident is OK to do readings & admin. insulin.

Admin & Assistent will be responsible to ensure future med. compliance

document provided of

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Alison J. Stinson*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Alison Stinson* Date *7/5/18*

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The above plan of correction is approved as of 7-18-18
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

Plan of correction implementation status as of 7-18-18
(Date)

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Violation Report: 20208 - 06/12/2018 - Novak, Ryan
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #4's Advair 250/50 diskus was not dated when the foil pouch was opened; the diskus expires 30 days after opening the foil pouch.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Diskus was dated during inspection.
 Staff was retrained in the importance of dating packed inhalers to ensure safe med admin.

All ^{med tech *} Staff will be responsible

Administrator will oversee by doing checks at least once a month to ensure ongoing compliance.

Verification provided.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/07/2017
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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The above plan of correction was approved by [Signature]
 (Initials)

Plan of correction implementation status as of 7/18/18
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20208 - 06/12/2018 - Novak, Ryan
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

The narcotic count sheet for Resident #4's Fentanyl patches notes 7; 6 patches were in the box. The patch was administered in the morning of 6/12/18 and initialed on the MAR. The narcotic count sheet was not fixed to reflect the correct count. Staff member B did not complete the narcotic count on 6/12/18.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember: that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff was retrained in the importance of following through w/ all documentation especially w/ medication. It was documented in the MAR but not the count sheet.

Admin will be responsible to ensure future compliance - by reviewing home's narcotic count sheets at a minimum 8 once per month. OC

document provided. OC

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/07/2017

Signature of Legal Entity Representative (Required on EVERY Page) *Alison Shower*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Alison Shower* Date *7/5/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/2/18 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 8/2/18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20208 - 06/12/2018 - Novak, Ryan
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #5's Silver Sulfadiazine was not listed on the MAR.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Silver Sulfadiazine was listed in the MAR. It was on the PRN page. All staff will be responsible in maintaining accurate records in the MAR to ensure safe med admin.

document provided

Repeat Violation: Yes	Date(s) of Previous Violation(s): <u>06/07/2017</u>
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Alicia Sproun</i>	<i>7/5/18</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/2/15
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

Plan of correction implementation status as of 8/2/18
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20206 - 06/12/2018 - Novak, Ryan
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Admin forgot to do a current activity calendar. It was corrected during inspection & a July was also posted
 Admin will be responsible for all future compliance

copy enclosed 


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Allison Sprouner	Date 7/5/18
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-18-18
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 7-18-18
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20208 - 06/12/2018 - Novak, Ryan
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening form dated 2/10/2018 for resident #6 does not indicate the reason the resident is leaving his or her current residence.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Screening was corrected.

Admir and Assistant will be responsible to ensure all future compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Alison Shaver

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Alison Shaver

Date

7/5/18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

7-8-18
 (Date)

Plan of correction implementation status as of

7/8/18
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented